

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
(www.mad.uscourts.gov)

ELECTRONIC CASE FILING SYSTEM
ATTORNEY REGISTRATION FORM

Please type or print legibly

This form must be used to register for an account on the Court's Case Management/Electronic Case File (CM/ECF) system. By submitting this registration form, the undersigned agrees to abide by the requirements stated herein.

NAME: _____
(Last) (Generation) (First) (Middle Initial)

B B O # _____ SSN# _____

Law Firm: _____

Building/Suite: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____ Fax: _____

E-Mail: (for service of electronically filed papers) _____

Please specify which Court you are registering in: ☐ U. S. District Court ☐ U. S. Bankruptcy Court ☐ Both

Attorneys seeking to file documents electronically must be admitted to practice in this court pursuant to LR 83.5.1 or authorized to appear pro hac vice or through an MDL action.

If admitted pro hac vice: Date motion for pro hac vice granted _____, in case number _____.

If Attorney of Record in MDL action indicate case number _____.

Attorneys will have privileges to electronically file court documents, view official docket sheets and documents associated with cases, and query various case reports for cases on the CM/ECF system. The CM/ECF system follows and must be used in conjunction with the Federal Rules of Civil & Criminal Procedure, the Local Rules, and any administrative orders and policies of the United States District and Bankruptcy Courts for the District of Massachusetts. In order to file documents electronically, CM/ECF participants will need a PACER service account.

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Federal Rules Civil Procedure, Federal Rules of Criminal Procedure and the Federal Rules of Bankruptcy Procedure via the Court's electronic filing system. The combination of User ID and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised. In that event, counsel must apply for a new password.

SIGNATURE: _____ DATE: _____

Please mail or hand deliver this form to:
Clerk, United States District Court
Attn: CM/ECF Registration
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

Once your registration is processed, your User ID and password will be mailed to you so that you may access the electronic case filing system. Procedures for using the system will be available for downloading when you access the system via the Internet.

Date received:	Login:	Password:	Record updated: